SC Breast & Cervical Cancer Early Detection Program (Best Chance Network)

CLINICAL BREAST EXAMINATION PROTOCOL

The following clinical elements serve as practice guidelines and Centers for Disease Control and Prevention's (CDC) minimum reporting requirements:

Screening **Clinical breast exam (CBE) done on all program eligible women:**

- CBE is performed through Best Chance Network (BCN) prior to scheduling the screening mammogram.
- Primary function is to identify visual or palpable abnormalities that warrant follow up.
- Examine breasts and nipples, including the sub-areolar complex, without lifting fingers from the skin. The nipple need not be squeezed to elicit discharge. Include peripheral areas where cancers are most likely to occur.
- Search within perimeter boarders that include the entire area from mid-axillary line to the lateral edge of the sternum and from the clavicle to the inframammary ridge.
- The preferred search pattern for CBE is the linear strip technique, which provides comprehensive coverage and compensates for limitations of the wedge and circular patterns. Use the pads of 3 middle fingers applying 3 levels of pressure in small circular motions.

Report findings using standardized terminology as follows:

Breast History

- Identify previous screening practices, i.e., self, provider, mammography, and frequency
- Significant breast symptoms or history reported by patient
  - **Pain**
  - **Masses**
  - **Self-report** of nipple discharge (in non-lactating woman). Conduct CBE - proceed based on results:
    - **No discharge present, offer supportive follow-up care & instruct to return at next episode of spontaneous discharge**
    - **Milky discharge (galactorrhea) or discharge present. Search for drug or other causes; offer supportive care/treatment of symptoms and follow-up**
    - **Non-bloody (clear, yellow, green or serous) discharge present. Proceed based on mammogram results and recommendations of BCN radiologist.**
    - **Bloody discharge – see follow-up below.**
  - Family history of breast or ovarian cancer
  - History of hormone therapy or current or recent oral contraceptive use
- Lumpectomy/mastectomy - L R Both
- History of radiation exposure
- Breast implants - L R Both
- Health promotion habits (exercise, nutrition, weight management)

Breast Exam

- Normal findings
- Benign findings (includes fibrocystic changes, diffuse lumpiness or nodularity, self-report of nipple discharge)
- **Findings suspicious for cancer – diagnostic workup required - see attached protocol:**
  - **Discrete palpable mass** (includes masses that may be cystic or solid) – when assessing consider:
    - Is mass bilateral or symmetrical?
    - Is it mobile or fixed?
    - Is it tender or non-tender?

- What is consistency or texture?
- What is size and shape?

- **Suspicious nipple discharge** (spontaneous; unilateral)
  - Bloody or heme +, refer to BCN radiologist or surgeon to define site of discharge *regardless of mammography result*
  - Non–bloody (clear, yellow, green or serous) with ACR BI-RAD assessment category **3-4-5** (refer to BCN radiologist or surgeon)
- **Nipple or areolar scaliness** (includes skin breakdown, erythema, eczema)
- **Skin dimpling or retraction** (includes recent nipple inversion)
- **Other** (includes obvious asymmetry or contour abnormality, especially with pectoralis contraction)

Case Management

Initiate BCN case management referral for all patients with CBE findings listed above in bold type by calling the DHEC Care Line number, 1- 800-868-0404. Provide the intake staff with the requested patient demographic and clinical information - the information will be forwarded to case managers who are medical social workers employed at the DHEC county health departments.

Diagnostic Evaluation

Regardless of the screening or diagnostic mammography findings, further diagnostic evaluation is required by a radiologist and/or surgeon for all of the CBE findings bolded above and for which a case management referral has been initiated. Other benign findings such as lumpiness or thickening could require further follow up.

Breast evaluation may include:

- Diagnostic bilateral mammogram with additional views as required **(negative or benign results do not provide sufficient evidence to rule out cancer in a palpable mass)**
- History and clinical breast exam by surgeon/radiologist as part of clinical diagnostic work-up for all solid (non-cystic) masses **(regardless of mammography findings)**
- Ultrasound of a palpable finding or possible cyst
- Needle aspiration of a cyst. Indications for aspiration include palpation of a symptomatic, simple cyst, or ultrasound or mammographic appearance of a complicated cyst. Aspiration of a simple cyst may be performed at the discretion of the primary care provider, radiologist or surgeon. Indications for further evaluation of a cyst:
  - Non-bloody fluid - discard first aspirate. Reexamine breast in 4-6 weeks. If cyst reoccurs send second aspirate for cytologic analysis and refer for diagnostic workup.
  - If cyst is not totally resolved on repeat exam and cytology benign, refer for diagnostic workup.
  - If cyst resolved and cytology benign, re-examine in 4-6 weeks. If cyst reoccurred, may refer for diagnostic workup; if cyst did not reoccur, return to routine screening.
  - **If cytology findings are indeterminant, carcinoma-in-situ or malignant cells, refer for radiologic and/or surgical evaluation.**
  - **Bloody fluid –refer for radiologic and/or surgical evaluation, regardless of mammography result**
- Nipple exploration with or without excision of solitary lact duct or papilloma lact duct
- Biopsy of palpable, solid mass performed by a surgeon, or radiologist qualified in image guided biopsy:
  - Core needle biopsy (CNB), usually with image-guidance *(costs covered by Best Chance Network)*
  - Excisional or incisional biopsy with or without preoperative placement of needle

localization wire *(surgeon's fee covered by Best Chance Network – no coverage of hospital costs for operating room and anesthesia services)*

(Clinical imaging and pathological data must be compatible in the judgment of the physician.)

- Biopsy of non-palpable or questionably palpable mass performed by a surgeon or radiologist qualified in image guided biopsy:
  - Image-guided (stereotactic or ultrasound) CNB *(see above note)*
  - Surgical excision or incision with preoperative placement of needle localization wire *(see above note)*
- MRI – *not covered by BCN*
- Ductography – *not covered by BCN*

Staging **Appropriate primary tumor, regional lymph nodes and distant metastasis (TNM) staging for cancer must be reported to the SC Central Cancer Registry and to BCN if available.**

Stage I or greater must be evaluated by medical, surgical or radiation cancer specialists.

Treatment **Pathology reports of carcinoma-in-situ or invasive cancer require treatment within sixty (60) days of final diagnosis. Women screened through BCN and diagnosed with breast DCIS or invasive cancer or atypical hyperplasia, requiring treatment, are eligible to apply for Medicaid coverage of treatment services through the SC Breast and Cervical Cancer Program. BCN follow-up providers assist patients with the application.**

Resources:

1. Saslow D, Hannan J, Osuch J et.al., Clinical breast examination: Practical recommendations for optimizing performance and reporting. CA Cancer J Clin Nov/Dec, 2004; 54, 6:327-344. Online: http://Caonline.AmCancerSoc.org. Article includes extensive references.

2. American College of Radiology. Breast Imaging Reporting and Data System (BI-RADS) Fourth Edition. Reston VA American College of Radiology; 2003. Online: www.ACR.com.

Revised 06/2005

PROTOCOL FOR FOLLOW-UP OF AN ABNORMAL CLINICAL BREAST EXAM (CBE) - SUSPICIOUS FOR CANCER

ABNORMAL CBE (further evaluation required)	DIAGNOSTIC MAMMOGRAPHY RESULTS BY ACR FINAL ASSESSMENT CATEGORIES	OPTIONS FOR BCN FOLLOW-UP FOR WOMEN AGE 40 AND OLDER PRESENTING WITH AN ABNORMAL CLINICAL BREAST EXAM (CBE)			
Clinical Findings Requiring Evaluation: **1. All discrete palpable masses** **2. Suspicious nipple discharge** **3. Nipple or areolar scaliness or skin breakdown** **4. Skin dimpling or retraction including recent nipple inversion**		**Ultrasound**	**FNA of Cyst Identified by Radiologist**	**Diagnostic Mammogram or Additional Views**	**Comprehensive Breast Evaluation - by Surgeon or Radiologist**
Abnormal CBE	Negative (1)	Within 1 month*	Refer immediately (or) perform FNA within 1 month*		Refer immediately (or) perform evaluation within 2 months
Abnormal CBE	Benign (2)		Refer immediately (or) perform FNA within 1 month*		Refer immediately (or) perform evaluation within 2 months
Abnormal CBE	Probably Benign (3): Initial short-interval follow up is suggested.**			Per recommendations of radiologist	Refer immediately (or) perform evaluation within 2 months
Abnormal CBE	Suspicious (4) or Highly Suggestive of Malignancy (5)				Refer immediately (or) perform evaluation within 1 month
Abnormal CBE	Incomplete: Needs Additional Imaging Evaluation	Within 1 month*	Refer immediately (or) perform FNA within 1 month*	Additional views-within 1 month*	If needed* refer immediately (or) perform evaluation with 1 month

* If results of this follow-up procedure are abnormal, refer for a comprehensive breast evaluation by a qualified surgeon or radiologist.
** "While the vast majority of finding in this category will be managed with initial short-term follow-up (3-6 months) examination followed by additional examinations until longer-term (2 years or longer) stability is demonstrated, there may be occasions where biopsy is done (patient wishes or provider concerns)."
Source: American College of Radiology. Breast Imaging Reporting and Data System (BI-RADS) 4th Edition. Reston VA American College of Radiology: 2003. Available on www.ACR.com.

Revised 06/2005